

## PAYOFF WORKSHEET

*(All programs except those with HAP contracts)*

*Notify MHFA at least 10 business days prior to the payoff date you are requesting.*

Development Name & City: \_\_\_\_\_

Development Number: \_\_\_\_\_

HMO: \_\_\_\_\_

Current Owner Name: \_\_\_\_\_

Name, Address & Phone Number of **Contact Person**: \_\_\_\_\_

Relationship of Contact Person to Owner: \_\_\_\_\_

Fax Number of Contact Person: \_\_\_\_\_

Federal Tax I.D. # \_\_\_\_\_

(Please Check One):      ☐ Sale                      ☐ Refinancing

- Accounts and Escrows currently held by the Minnesota Housing Finance Agency for development are applied to, and therefore reduce, the remaining mortgage balance.

If refinancing, whom are you refinancing with: \_\_\_\_\_

New Owner Name, if applicable: \_\_\_\_\_

New Owner Address: \_\_\_\_\_

Estimated date of payoff: \_\_\_\_\_

Is a Per Diem requested?      Yes \_\_\_\_\_      No \_\_\_\_\_

If Gross Payoff, wiring instructions for Reserves: \_\_\_\_\_

Name of current management agent: \_\_\_\_\_

Date of expiration of outstanding management agreement: \_\_\_\_\_

Will this management agent continue? \_\_\_\_\_

If not, name of new management agent: \_\_\_\_\_

Address of new management agent: \_\_\_\_\_

Name and address where Satisfaction, Terminations & UCC's should be sent for recording  
(Title Company) \_\_\_\_\_

Name and address where original Paid in Full Note should be sent: \_\_\_\_\_

Owner initial here: \_\_\_\_\_